

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SI NO. **09/831028** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		1		1	53						
4		0		1		1	54						
5		0		4		1	55						
6		0		4		1	56						
7		0		0		1	57						
8		0		0		1	58						
9		0		0		1	59						
10		0		0		1	60						
11		0		0		1	61						
12		0					62						
13		0					63						
14	1						64						
15		1					65						
16		2					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2				1		TOTAL IND.						
TOTAL DEP.	25				10		TOTAL DEP.						
TOTAL CLAIMS	27				11		TOTAL CLAIMS						